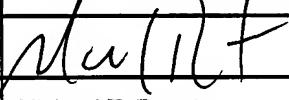
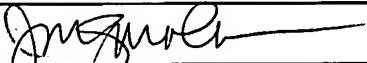


<b>TRANSMITTAL FORM</b> <b>JUL 03 2006</b> <small>(to be used for all correspondence after initial filing)</small>		Application Number	10/705,391
		Filing Date	November 10, 2003
		First Named Inventor	HUGHES, JOY VANELIA
		Art Unit	3732
		Examiner Name	MANAHAN, TODD
Total Number of Pages in This Submission	1	Attorney Docket Number	018563-005910US

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard
<input type="checkbox"/> Remarks		The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Townsend and Townsend and Crew LLP	
Signature		
Printed name	Michael T. Rosato	
Date	6/29/06	Reg. No. 52,182

CERTIFICATE OF TRANSMISSION/MAILING		
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.		
Signature		
Typed or printed name	Jennifer M. Smolen	Date 6/29/06

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# Fee Transmittal For FY 2006

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 130)

Complete if Known	
Application Number	10/705,391
Filing Date	November 10, 2003
First Named Inventor	HUGHES, JOY VANNELIA
Examiner Name	MANAHAN, TODD
Art Unit	3732
Attorney Docket No.	018563-005910US

#### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_  
 Deposit Account Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

#### FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)

##### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

##### 2. EXCESS CLAIM FEES

**Fee Description** **Small Entity**  
 Each claim over 20 (including Reissues) Fee (\$)  
 Each independent claim over 3 (including Reissues) Fee (\$)

Multiple dependent claims Fee (\$)  
 \_\_\_\_\_ 360 180

**Total Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**  
 -20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ Fee (\$)  
 \_\_\_\_\_ 50 25

HP = highest number of total claims paid for, if greater than 20

**Indep. Claims** **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Fee (\$)** **Fee Paid (\$)**  
 \_\_\_\_\_ -3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3

##### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**  
 \_\_\_\_\_ - 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

##### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_

Other (e.g., late filing surcharge): Terminal Disclaimer \_\_\_\_\_ 130

#### SUBMITTED BY

Signature		Registration No. 52,182 (Attorney/Agent)	Telephone 206-467-9600
Name (Print/Type)	Michael T. Rosato		Date 6/29/06